

GENERAL COUNSELING FORM

For use of this form, see AR 635-200; the proponent agency is MILPERCEN

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, 10 USC 3012(G). PRINCIPAL PURPOSE: To record counseling data pertaining to service members.
ROUTINE USES: Prerequisite counseling under paragraphs 5-8, 5-13, chapters 11, 13 or section III, chapter 14, AR 635-200. May also be used to document failures of rehabilitation efforts in administrative discharge proceedings.
DISCLOSURE: Disclosure is voluntary, but failure to provide the information may result in recording of a negative counseling session indicative of the subordinate's lack of a desire to solve his or her problems.

PART I - BASIC DATA

1. NAME (<i>last, first, MI</i>) LAST NAME, FIRST NAME MI	2. SOCIAL SECURITY NO. 000-00-0000	3. GRADE RANK (SFC)	4. SEX M/F
5. UNIT UNIT ADDRESS	FOR TRAINING UNITS ONLY		
	6. WEEK OF TRAINING 0 - 8	7. TRAINING SCORES HIGH <u>AVG</u> MED <u>AVG</u> LOW <u>AVG</u>	

PART II - OBSERVATIONS

8. DATE AND CIRCUMSTANCES Date	Candidate Leadership Evaluation
Position _____	Date: From _____ To _____
Leadership Abilities:	
a. Communication Skills _____	f. Decision Making _____
b. Supervision (Task understood and accomplished) _____	g. Planning _____
c. Teaching and Counseling _____	h. Use of Available Systems _____
d. Soldier/Team Development _____	i. Demonstrates Army values _____
e. Technical and Tactical Proficiency _____	OVERALL RATING _____

9. DATE AND SUMMARY OF COUNSELING Date
Your performance while holding the position of _____ was _____. (Explain the strengths, weaknesses, and rating in each area to the candidate).
All areas will be rated as: Outstanding, Satisfactory, or Unsatisfactory.

DISPOSITION INSTRUCTIONS

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement.

PART III - AUTHENTICATION

10. NAME, GRADE, SIGNATURE OF COUNSELOR

DATE

LAST NAME, FIRST NAME MI	RANK (SFC)	SIGNATURE
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DAY, MONTH, YEAR

11. I acknowledge having been counseled by the above individual and understand the reason for this counseling session. I concur/nonconcur that the information above accurately reflects this counseling session. I nonconcur for the following reasons:

CIRCLE CONCUR/NON-CONCUR AND INITIAL

12. NAME, GRADE, SIGNATURE OF INDIVIDUAL COUNSELED

DATE

LAST NAME, FIRST NAME MI

DAY, MONTH, YEAR

13. IF COUNSELED INDIVIDUAL REFUSES TO SIGN COUNSELING NOTES,
COUNSELOR WILL INITIAL THIS BLOCK.

PART IV - REHABILITATION	
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14. REHABILITATION RESULTS/COMMENTS	
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15. NAME, GRADE, SIGNATURE OF INDIVIDUAL COUNSELED

DATE

16. NAME, GRADE, SIGNATURE OF COUNSELOR

DATE

PART V - UNIT COMMANDER INTERVIEW	
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17. INTERVIEW RESULTS AND RECOMMENDATION

18. NAME, GRADE, SIGNATURE OF UNIT COMMANDER

DATE
